

IFW



Attorney Docket No. 66094.000003
Customer No. 27682

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re Application of:)	
)	
Paul BASKIS)	Group Art Unit: 1724
)	
Application No.: 10/735,516)	
)	Examiner: F. Prince
Filing Date: December 11, 2003)	
)	
Title: DRY CYCLE ANAEROBIC)	
DIGESTER)	

CERTIFICATE OF MAILING UNDER 37 C.F.R. §1.8

Mail Stop Amendment
Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

Sir:

I hereby certify that this correspondence is being deposited with the United States Postal Service with sufficient postage as First Class Mail in an envelope addressed to:

Mail Stop Amendment
Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

on February 27, 2006
Date



Signature

Lorrie K. Wesolosky

Typed or printed name of person signing Certificate

Documents being submitted with this Certificate of Express Mailing include:

- 1) Response Transmittal Letter
- 2) Amendment and Response Under 37 C.F.R. § 1.111
- 3) Replacement Drawings Figs. 1-6
- 4) A self-addressed stamped return postcard

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(804) 788-8200 (Telephone)
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Attorney Docket No. 66904.000003
Customer No. 27682

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re Application of:)	
)	
Paul BASKIS)	Group Art Unit: 1724
)	
Application No.: 10/735,516)	
)	Examiner: F. Prince
Filing Date: December 11, 2003)	
)	
Title: DRY CYCLE ANAEROBIC)	
DIGESTER)	

RESPONSE TRANSMITTAL LETTER

Mail Stop Amendment
Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

Sir:

Enclosed is a Response to the Official Action dated January 24, 2006 in connection with the above-identified patent application.

- ☐ A petition for Extension of Time is also enclosed.
- ☐ A Request for Entry and Consideration of Submission under 37 C.F.R. § 1.129(a) is also enclosed.
- ☒ Replacement Drawings (Figs. 1-6)
- ☒ No additional claim fee is required.
- ☐ An additional claim fee is required, and is calculated as shown below:

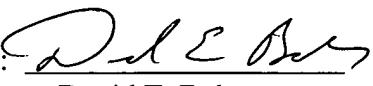
CLAIMS					
	NO. OF CLAIMS	HIGHEST NO. OF CLAIMS PREVIOUSLY PAID FOR	EXTRA CLAIMS	RATE	FEE
Total Claims	18	Minus 20 =	0	x \$50.00 =	0
Independent Claims	3	Minus 3 =	0	x \$200.00 =	0
If Amendment adds multiple dependent claims, add \$260.00					0
Total Amendment Fee					0
If small entity status is claimed, subtract 50% of Total Amendment Fee					0
TOTAL ADDITIONAL FEE DUE FOR THIS AMENDMENT					0

- ☐ Charge \$_____ to Deposit Account No. 08-3436 for the fee due.
- ☐ Check No. _____ in the amount of \$____ is enclosed for the fee due.
- ☒ Mail Certificate Under 37 C.F.R. §1.8.
- ☒ Self-addressed stamped postcard.
- ☒ The Commissioner is hereby authorized to charge any appropriate fees under 37 C.F.R. §1.16, 1.17 and 1.21 that may be required by this paper, and to credit any overpayment, to Deposit Account No. 08-3436.

Date: February 27, 2006

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Respectfully submitted,

By: 
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Registration No. 45,285